

COMMERCIAL E.Q. QUOTE REQUEST
FAX TO: (925) 945-8802 or (925) 937-6578

DATE _____

Prospects Name _____

Mailing Address _____
City _____ State _____ Zip _____

Property Location
Address _____
City _____ State _____ Zip _____

TO OBTAIN A QUOTE ALL FOLLOWING QUESTIONS MUST BE ANSWERED

Building Occupied for use as: _____ Number of units if condo/apt _____

Year Built _____ Year Renovated _____ Describe Renovations _____

Construction Type: (circle one)
(Wood Frame) (Tilt Up) (Reinforced Concrete Block) (Non-Reinforced-HCB) (Brick) (All Other)

of Buildings at this location _____ # of Stories in Building _____

Total Square Feet in building _____
***If multiple buildings to quote, please provide a Schedule of Buildings with Replacement Cost and Square Foot for each building

Parking relative to this location: (circle one)
A. Street or parking lot, none under building
B. One or two car garages first level with occupant above (Built-In)
C. First floor parking structure, grade level, solid walls on 3 sides
D. Subterranean parking garage – parking underground
E. Soft first story parking- open with pole support
F. Other, describe _____

Retrofitting information:
A. Building bolted to foundation? Yes _____ No _____
B. Cripple walls: Does the building have cripple walls? Yes _____ No _____
**If yes have they been braced with plywood? Yes _____ No _____

Please indicate the amount of coverage you want quoted on the following items:

- A. Building value: \$ _____ Include EQSL: _____
- B. Business property value \$ _____ Include Flood: _____
- C. Business Interruption \$ _____
- D. Loss of Rents \$ _____
- E. Tenant Improvements \$ _____
- F. Other Property** \$ _____

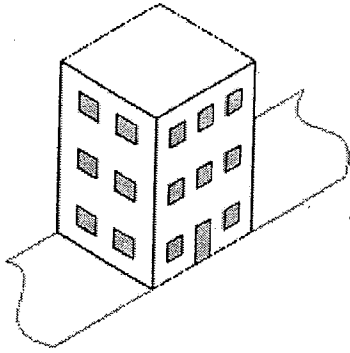
**Foundations, Basements, Fences, Driveways, Retaining Walls, Swimming Pools, Signs, Glass that is part of property.

Current EQ Carrier _____ Coverage _____ Premium _____ X-Date _____

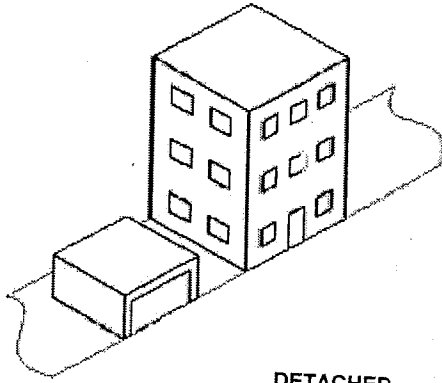
Please give us the following information for commission payment if sold:

Agency name _____ F/Clcencse# _____
Address _____ City _____ State _____ Zip _____
Phone# _____ Email: _____

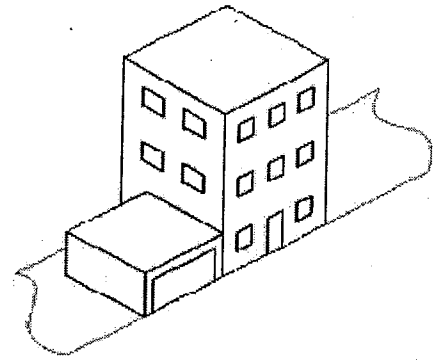
FOR YOUR REFERENCE
VARIOUS PARKING STRUCTURE TYPES



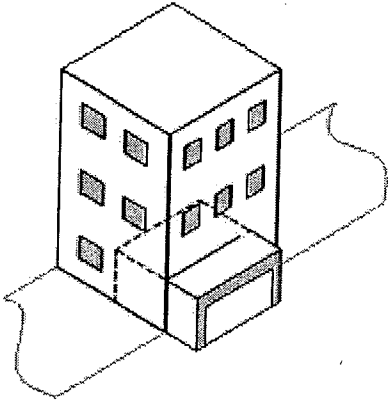
NONE



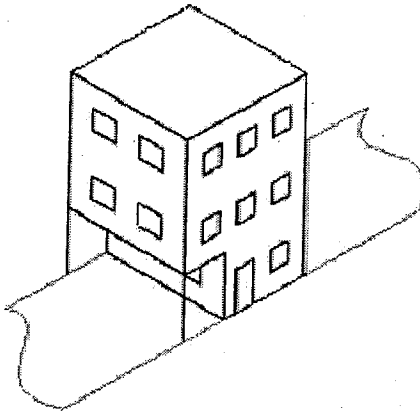
DETACHED



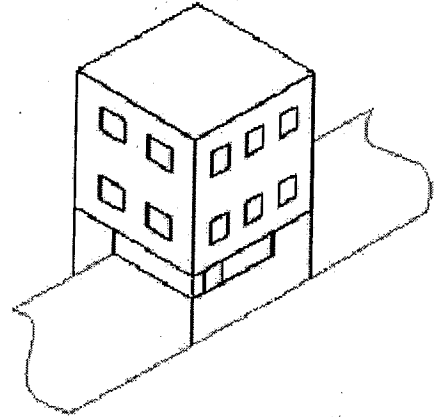
ATTACHED - NO STRUCTURE ABOVE



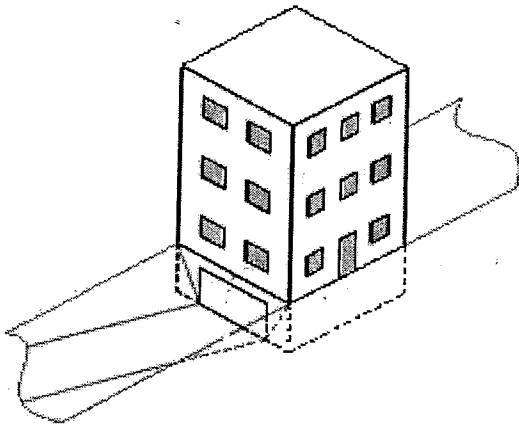
HABITATIONAL OVER GARAGE



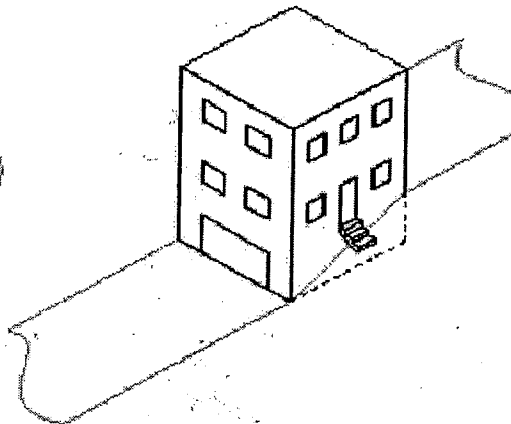
TUCKUNDER 1-SIDE



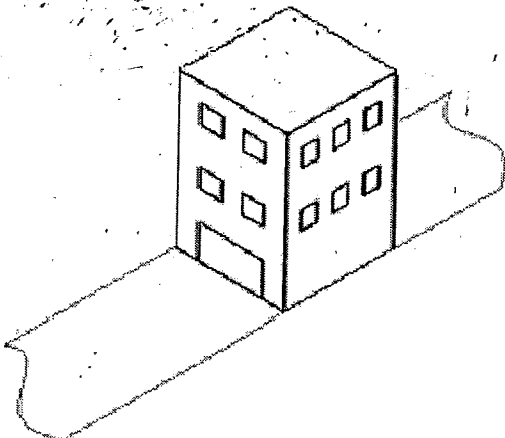
TUCKUNDER 2-SIDE



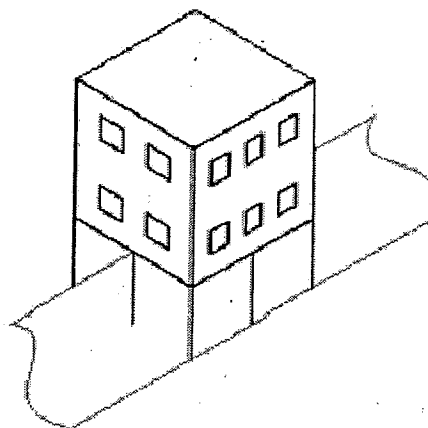
FULL SUBTERRANEAN



PARTIAL SUBTERRANEAN



FIRST FLOOR PARKING



SOFT FIRST FLOOR